

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029150

FILED VS JUL 22 1960

317

Primary Registration District No. 500

Registrar's No. 2079

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy		Length of stay in 1b 1 hr.		c. CITY OR TOWN Berkeley		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5904 Berkeley Dr.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Joseph Middle Francis Last Brewer				4. DATE OF DEATH Month July Day 10 Year 1960				
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-18-97		
9. AGE (last birthday) 63		IF UNDER 1 YEAR Months 63 Days 63 Hours 63 Min. 63		IF UNDER 24 HR Months 63 Days 63 Hours 63 Min. 63				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator			10b. KIND OF BUSINESS OR INDUSTRY Carter Carburetor		11. BIRTHPLACE (City and state or country) Perryville, Mo.		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME Henry Frank Brewer			13b. MOTHER'S MAIDEN NAME Mannette Moore			14. NAME OF HUSBAND OR WIFE Hazel G. Brewer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes World War I			16. SOCIAL SECURITY NO. 488-03-0197		17. INFORMANT Hazel G. Brewer, Berkeley, Missouri.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac arrest DUE TO (c) Massive Post Myocardial Infarction 6 hrs. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coronary insufficiency							INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour 3:14 a.m. p.m. Month, Day, Year 7/10/60								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from 7/10/60 to 7/10/60 and last saw him alive on 7/10/60 Death occurred at 3:14 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) A. D. Gardner M.D.				22b. ADDRESS 9671 W. 35th St. 35		22c. DATE SIGNED 7/11/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-13-60		23c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery		23d. LOCATION (City, town, or county) (State) Florissant, Mo.		
24. FUNERAL DIRECTOR White-Mullen Mortuary, Ferguson, Mo.				25. DATE RECD. BY LOCAL REG. 7-12-60		26. REGISTRAR'S SIGNATURE J. C. Murphy M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by my self, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Reinhold K. Lehman

Licensed Embalmer No. 3395

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.